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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

3

3

3

1802

2020

2337

No

No

No

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

1.83

2.25

0.93

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:										
This claim is for the period beginning				, 20	and ending		, 20	_•		
month			day			month	day			
CERT	TIFICATI	ON:								
The in	nformation	on this for	m is complete and	l accurate to t	the best of my	knowled	ge.			
Date Signature, Chair, Board of Trustees										
County: District:							District Level:			
47 Silver Bow 0842 Ramsay			y Elem				Elementary			
District	Contract	a							Daily	# of Days
#	#	Shared				ily's Nan	ne		Rate	Transported
3	1412	No	SHELTON, E	ERIC & JEN	1				3.00	
3	1794	No	BRACKETT,	BRACKETT, NANCY					1.50	
3	1795	No	BROWN, KI	BROWN, KIMBERLEY T					0.00	
3	1796	No	BUGNI, DAN	BUGNI, DANIEL & TRACI				0.78		
3	1797	No	FERRITER, SUMMER				2.50			
3	1798	No	HAZLETT, MARY K			0.25				
3	1799	No	McALPINE,	McALPINE, RENEE			0.48			
3	1800	No	PETERSON,	PETERSON, BETH				1.63		
3	1801	No	TENNEY, SUSANNA				0.75			

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THATCHER, LEAH

OLSEN, BRITNIE

Hicks, Angela

PI

County:

#

4

47 Silver Bow

District Contract

#

1804

Shared

No

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

District:

MORRIS, DIANA L

0843 Divide Elem

School District Claim for State Reimbursement for Individual and Isolated Transportation

District Level:

Elementary

Daily

Rate

6.75

State	
District	
County	

of Days

Transported

	Helena, MT 59620-2501	
DUE DATES:	1 obtained to state supermeenten	Second Semester May 10 to County Superintendent May 24 to State Superintendent
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT	FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:
This claim	is for the period beginning	0 and ending
	month day	month day
CERTIFI	CATION:	
The inform	nation on this form is complete and accurate to the best of my kno	wledge.
Date	Signature, Chair, Board of Trustees	

Family's Name

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